

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012462

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2957

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

1443 Granville Pl.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Ben

Middle

Last

Blassingame

4. DATE
OF
DEATH

Month

3

Day

14

Year

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-29-95

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

None

Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Blassingame

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

None

O.

17. INFORMANT

Mildred Morris-419E.45th St. Illinois

Address

Chicago,

Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

Undet.

DUE TO (b)

Artherosclerosis, Generalized

Undet.

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestion
Hypertension, Arteriosclerosis, Pulmonary /

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

s.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-12-62

to 3-14-62

and last saw him alive on

3-14-62

Death occurred at

9:50

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

22b. ADDRESS

2601 N. Whittier Street

22c. DATE SIGNED

3-14-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

3/19/62

23c. NAME OF CEMETERY OR CREMATORY

Booker Washington

23d. LOCATION (City, town, or county)

East St. Louis, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Ellis Funeral Home 2820 Stoddard

25. DATE RECD. BY LOCAL REG.

MAR 18 1962

26. REGISTRAR'S SIGNATURE

Rear Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 206

3

4 2

5 2

6

7 1

8 1

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10

11

12 77-0

13

77

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Fulton E. Culkin

Licensed Embalmer No.

4198

P. O. Address

St Louis

MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.